# CRITICAL CARE

## CHAPTER 2: LIGHTS, CAMERA, HELL NO

I woke to the sound of Hippo knocking something off my kitchen counter. The crash was followed by his satisfied meow, as if destroying my possessions was his life’s purpose.

“You’re lucky you’re cute,” I muttered, peeling myself off the couch. My neck ached from sleeping at an awkward angle, and my mouth tasted like something had died in it. Glancing at my phone, I saw it was 5:45 AM—fifteen minutes before my alarm. Perfect.

I shuffled to the kitchen to find Hippo sitting proudly next to the shattered remains of a coffee mug. Not just any mug, but the “World’s Best Doctor” mug Marco had given me when I finished residency. Of course.

“Really, Hippo? That one?” I sighed, carefully picking up the ceramic shards. The cat watched me with his one good eye, utterly unrepentant.

After cleaning up the mess and feeding the furry terrorist, I dragged myself to the shower. The hot water helped ease the knots in my shoulders, but did little for the dread pooling in my stomach at the thought of meeting Luke Parker. I shampooed my hair twice, shaved my legs for the first time in what might have been weeks, and even used the fancy conditioner my mother had given me for Christmas.

Not for the filmmaker, I reminded myself. For professionalism.

My phone buzzed with a text as I was towel-drying my hair. Diana.

*Foster tells me you’re meeting with the documentary crew today. Don’t kill anyone. The paperwork would be a nightmare.*

I smiled despite myself. Diana knew me too well.

*No promises,* I texted back. *How’s the sabbatical?*

Her response came quickly: *Restful. Don’t worry about me. Focus on keeping Foster from turning the ER into a circus.*

There was something off about her messages lately. Diana had been my mentor since I was a wide-eyed intern, and she’d never been one to take time off, let alone disappear for months. But every time I tried to ask what was really going on, she deflected.

I dressed with more care than usual, choosing black pants that actually fit instead of scrubs, and a deep blue blouse that my mother insisted brought out my eyes. I even applied mascara and lip gloss, which for me was practically full glam.

The subway was its usual morning nightmare of bodies pressed together in sweaty intimacy. I clutched my travel mug of coffee (in a plain ceramic mug, thanks to Hippo) and tried not to breathe too deeply. The man next to me was eating what smelled like a tuna sandwich. At 6:30 in the morning. Humanity was a mistake.

Manhattan Memorial loomed ahead as I exited the station, its modern glass facade reflecting the early morning sunlight. The building had been renovated five years ago, the exterior updated to attract wealthy patients while the interior equipment remained dangerously outdated. Priorities.

I badged in through the staff entrance, nodding to the security guard who’d been there since I was a resident. The hospital was quieter at this hour, the hallways populated mainly by night shift workers heading home and early birds like me.

The ER, however, never truly slept. As I pushed through the double doors, I was greeted by the controlled chaos I’d come to find comforting. Two nurses were transferring a patient from a gurney to a bed, an elderly man was arguing with registration about his insurance, and somewhere a monitor was beeping insistently.

“Morning, Dr. Rodriguez,” called Raj from the nurses’ station. “You look almost human today.”

“Don’t get used to it,” I said, setting down my coffee to grab a tablet and check the overnight admissions. “Special occasion.”

“The documentary guy?” Raj wiggled his eyebrows suggestively. “Olivia said he’s hot.”

I rolled my eyes. “Olivia has met him already?”

“He came by last night after you left. Scouting locations or something. Olivia said he asked a lot of questions about you.”

Great. Just what I needed. A filmmaker who was already forming opinions about me before we’d even met.

“What time is this meeting supposed to be?” I asked, scanning the admission notes from overnight. Nothing too unusual—chest pain that turned out to be indigestion, a broken arm from a drunken fall, the usual assortment of human misery and bad decisions.

“Nine,” Raj said. “Foster’s office. But your first patient is here.” He nodded toward bed three, where a teenage girl sat with her mother, both looking anxious.

I spent the next two hours seeing patients, ordering tests, and trying not to think about the impending meeting. By 8:45, I’d diagnosed a kidney infection, ruled out appendicitis, stitched up a nasty cut from a kitchen accident, and was elbow-deep in the chart of a patient with concerning cardiac symptoms when Olivia appeared at my side.

“It’s 8:50,” she said pointedly.

“I’m aware of the time,” I replied, not looking up from my tablet.

“Foster will have an aneurysm if you’re late.”

“That would save us all a lot of trouble.”

Olivia sighed, the sound of a woman who’d dealt with difficult doctors for too many years. “Maya. Go to the meeting. I’ll keep an eye on your cardiac patient. The filmmaker seems decent, for what it’s worth.”

I finally looked up. “You met him?”

“Last night. He was respectful, asked good questions, and didn’t once refer to nurses as ‘helpers,’ which puts him ahead of most of the doctors who come through here.” She gave me a gentle push toward the door. “Go. Be nice. Or at least, be less you than usual.”

“Your confidence is overwhelming,” I muttered, but I handed her my tablet and headed for the elevator.

Foster’s office was on the top floor, with views of the city that reminded everyone who entered exactly who held the power in this building. I straightened my blouse, ran a hand through my hair, and knocked on his door precisely at 9:00.

“Come in,” Foster called.

I pushed open the door to find Foster sitting behind his massive desk, and across from him, a man I recognized from my late-night internet stalking. Luke Parker was taller than I’d expected, with broad shoulders under a simple button-down shirt that looked like it had been pulled from a suitcase. His dark hair was indeed curly and slightly too long, and his beard was neatly trimmed but still substantial. He stood as I entered, revealing faded jeans and boots that had seen better days.

Not exactly the pretentious filmmaker outfit I’d been expecting.

“Dr. Rodriguez,” Foster said, his tone making it clear he’d been talking about me. “Right on time. This is Luke Parker, the documentary filmmaker I told you about.”

Luke extended his hand, his grip firm but not aggressive when I shook it. “Dr. Rodriguez. It’s a pleasure to meet you. I’ve heard great things about your department.”

His voice was deeper than I’d expected, with a slight accent I couldn’t place—Midwestern, maybe, with something else underneath.

“Mr. Parker,” I said, taking the seat next to him. “I wish I could say the same, but I only learned about this project yesterday.”

Foster’s smile tightened. “Yes, well, things moved rather quickly once the board approved the concept. Mr. Parker has an impressive portfolio and a vision that aligns perfectly with our mission here at Manhattan Memorial.”

I doubted Foster could articulate the hospital’s mission beyond “make money” if his life depended on it, but I kept that thought to myself.

“I understand you have concerns,” Luke said, turning to face me directly. His eyes were startlingly blue against his tanned skin. “I want to assure you that my goal is to document the real work of emergency medicine, not to create sensationalized entertainment.”

“Noble,” I said, not bothering to hide my skepticism. “But the reality is that cameras in the ER will disrupt patient care, invade privacy, and add stress to an already high-pressure environment.”

“Those are valid concerns,” Luke acknowledged, surprising me. “And I’m committed to addressing them. Patient consent will be absolute—no exceptions. My crew is small and experienced in medical settings. We’ll stay out of the way during critical situations, and if you ever feel we’re interfering with care, you can ask us to stop filming immediately.”

I blinked, thrown off by his reasonable response. I’d been prepared for a fight, for the need to defend my department against Hollywood exploitation. This measured, respectful approach wasn’t what I’d expected.

“That sounds… acceptable,” I said cautiously. “But I still don’t understand why the ER specifically. There are less chaotic departments that might be more accommodating.”

Luke leaned forward slightly, his expression earnest. “Because the ER is where healthcare meets humanity in its rawest form. It’s where people come on the worst days of their lives, where split-second decisions save lives, and where the cracks in our healthcare system are most visible. The story of your department is the story of American medicine—its triumphs, its failures, and the dedicated professionals who keep it running despite everything working against them.”

Well, shit. He’d clearly done his homework.

“Mr. Parker has spent time in combat hospitals in Syria and Ukraine,” Foster added, as if I needed the reminder that this man had probably seen worse conditions than our underfunded ER. “His work has brought attention and resources to healthcare crises around the world.”

“And now you want to treat Manhattan Memorial like a war zone?” I asked Luke directly.

A smile tugged at the corner of his mouth. “Not exactly. But there are parallels—limited resources, high stakes, exceptional people working under extreme pressure. The difference is that your battles rarely make headlines, even though you’re fighting them every day.”

I hated that his answer made sense. I hated even more that a small part of me was starting to think this documentary might actually be worthwhile.

“How long would filming last?” I asked, still searching for reasons to object.

“Six weeks,” Luke replied. “We’d start with observation only, no cameras, to let your staff get comfortable with our presence. Then gradual introduction of equipment, always with your approval. The final product would be a three-part series, focusing on the human stories behind emergency medicine.”

Foster beamed like a proud parent. “We believe this could significantly raise Manhattan Memorial’s profile and help with our upcoming fundraising campaign.”

And there it was—the real reason Foster was so eager for this project. Money. Always money.

“I need to discuss this with my staff,” I said, buying time. “They’re the ones who will be most affected.”

“Of course,” Luke agreed immediately. “I’d like to meet with them as well, answer questions, address concerns. This only works if everyone’s on board.”

Foster’s smile faltered slightly. He clearly hadn’t expected me to delay, but he couldn’t very well object to staff consultation without looking like the corporate drone he was.

“Excellent,” he said tightly. “Perhaps Mr. Parker could observe in the ER today, get a feel for the environment while you consult your team?”

I wanted to say no, to keep this stranger out of my department for as long as possible, but I couldn’t think of a reasonable objection. “Fine. But observation only. No cameras yet.”

“Agreed,” Luke said, standing as I did. “Thank you for considering this, Dr. Rodriguez. I know it’s an imposition, but I believe the result will be worth it.”

I gave him a noncommittal nod and turned to leave, already dreading the conversation I’d need to have with my staff. Most of them would probably be excited about the prospect of being on television. They didn’t understand the potential complications, the way patients might be affected, the additional scrutiny on our already stressful work.

Luke followed me out of Foster’s office, matching his stride to mine as we headed for the elevator.

“You don’t like me very much,” he said conversationally as we waited for the doors to open.

I glanced at him, surprised by his directness. “I don’t know you.”

“But you’ve already decided this documentary is a bad idea.”

“I’ve decided that anything Foster enthusiastically supports is automatically suspicious.”

That earned me a genuine laugh, a warm sound that crinkled the corners of his eyes. “Fair enough. Hospital administrators aren’t usually the heroes of my documentaries either.”

The elevator arrived, and we stepped in. I pressed the button for the ER floor, acutely aware of his presence beside me. He smelled like coffee and something woodsy—not cologne, just clean laundry and maybe shaving cream.

“Why did you agree to this project?” I asked as the elevator descended. “There must be more exciting stories than an underfunded ER in Manhattan.”

Luke considered the question, his expression thoughtful. “I spent the last decade documenting crises in other countries. War zones, refugee camps, natural disasters. Important stories that needed telling. But I realized I was ignoring the slow-motion healthcare crisis happening right here.”

“So we’re your pet project? Your way of showing Americans how good they have it compared to war zones?”

He shook his head, not rising to my bait. “Just the opposite. I want to show that despite having the most expensive healthcare system in the world, we’re failing our patients and the people who care for them. That the real heroes aren’t the administrators or the insurance companies or the pharmaceutical giants—they’re the doctors and nurses and techs who keep showing up despite a system designed to burn them out.”

I stared at him, momentarily speechless. It was exactly what I’d been thinking last night, the frustration I carried with me every day but rarely articulated.

The elevator doors opened before I could respond, revealing the controlled chaos of the ER in full swing. A gurney rushed past, paramedics calling out vitals for a patient who appeared to be in respiratory distress. Raj spotted me and waved urgently.

“Your cardiac patient,” he called. “EKG shows ST elevation. Cardiology’s on their way.”

And just like that, I was back in my element, all thoughts of documentaries and filmmakers forgotten. I rushed toward the patient, already calling orders over my shoulder.

“Get me a 12-lead, start oxygen, aspirin 325 milligrams, and page Dr. Bennett stat!”

I was vaguely aware of Luke Parker stepping back, pressing himself against the wall to stay out of the way as my team moved with practiced efficiency around the patient—a middle-aged man clutching his chest, his face gray with pain and fear.

“Mr. Alvarez,” I said, taking his hand as a nurse attached monitoring leads to his chest. “I’m Dr. Rodriguez. You’re having a heart attack, but we’re going to take care of you. Do you understand?”

He nodded, his eyes wide with terror. “Am I going to die?”

“Not on my watch,” I promised, squeezing his hand before turning to check the monitor. The EKG confirmed what I already suspected—a massive STEMI, the most dangerous type of heart attack. “Where’s cardiology?”

“Dr. Bennett’s in a procedure,” Raj said, hanging an IV bag. “They’re sending Dr. Patel.”

I swore under my breath. Patel was competent but slow, and this patient needed the cath lab immediately. “Tell them to hurry. And get me—”

“Lidocaine, heparin, and the crash cart,” Raj finished, already moving. “On it.”

The next fifteen minutes were a blur of activity—medications administered, vitals monitored, the patient prepped for emergency catheterization. I was so focused on keeping Mr. Alvarez stable that I forgot Luke Parker was watching until I looked up and saw him standing quietly in the corner, his expression a mixture of respect and something else I couldn’t quite identify.

When the cardiology team finally arrived to take Mr. Alvarez to the cath lab, I stepped back, rolling my shoulders to release the tension that had built there. My blouse was wrinkled, and I’d somehow gotten blood on my sleeve. So much for looking professional.

“You were amazing,” Luke said quietly as I updated the patient’s chart.

I glanced up, having genuinely forgotten he was there. “That was just a Tuesday morning. Nothing special.”

“You told that man he wasn’t going to die on your watch. Did you mean it?”

The question caught me off guard. “Of course I meant it.”

“Even though statistically, some patients with that condition don’t survive?”

I put down the tablet, giving him my full attention. “Mr. Parker—”

“Luke,” he corrected.

“Luke. In this department, we don’t treat statistics. We treat people. And yes, sometimes we lose them despite our best efforts. But in that moment, that man needed to believe he was going to be okay, and my job was to do everything in my power to make that true.”

Luke nodded slowly. “That’s exactly what I want to capture. Not just the medical procedures, but that moment—the human connection in the midst of crisis.”

Before I could respond, Olivia appeared at my side. “Dr. Patel wants to speak with you about the Alvarez transfer,” she said, then looked curiously at Luke. “You must be the filmmaker.”

“Luke Parker,” he said, extending his hand. “You must be Olivia. Raj mentioned you’re the one who really runs this place.”

Olivia’s eyebrows shot up, but she looked pleased. “Did he now? Smart man, that Raj.” She turned to me. “Diana’s on line two as well. Says it’s important.”

My stomach tightened. Diana rarely called during the day unless something was wrong. “I’ll take it in my office. Can you show Mr. Parker—Luke—around? Basic orientation, introduce him to the staff?”

“Sure thing,” Olivia said, already turning to Luke with a professional smile. “Let me give you the grand tour of our little corner of healthcare hell.”

I hurried to the small closet that passed for the ER director’s office, closing the door before picking up the phone. “Diana? What’s wrong?”

“Nothing’s wrong,” Diana said, but her voice lacked its usual brisk confidence. “I just wanted to check in about the documentary project. Foster says you met with the filmmaker this morning.”

“Just now,” I confirmed, sinking into my chair. “He seems… not what I expected.”

“In what way?”

I hesitated, trying to articulate my impression of Luke Parker. “He talks about healthcare like someone who actually gives a damn. Not just about the dramatic moments, but about the system itself. He said he wants to show how we’re fighting despite a system designed to burn us out.”

“Hmm,” Diana said, and I could picture her thoughtful frown. “Sounds like he might be an ally rather than just another vulture looking for ratings.”

“Maybe,” I conceded. “But I’m still not convinced this won’t be a disaster for patient care.”

“That’s why I recommended you as interim chief,” Diana said. “You always put patients first. But Maya… sometimes helping patients means looking at the bigger picture. If this documentary brings attention to the real issues facing emergency medicine, it might do more good than a thousand perfect shifts.”

I frowned, surprised by her perspective. Diana had always been focused on the immediate work of the ER, not broader advocacy. “Since when are you interested in healthcare politics?”

There was a long pause before she answered. “Let’s just say I’ve had time to think during this sabbatical. About what matters, about the legacy I want to leave.”

Something in her tone sent a chill through me. “Diana, are you sure everything’s okay? You don’t sound like yourself.”

Another pause. “I need to talk to you, Maya. Not over the phone. Can you come by my place after your shift?”

“Of course,” I said immediately, my concern deepening. “I’m off at six. I can be there by seven.”

“Good. And Maya? Give the documentary a chance. I think it might be more important than either of us realizes.”

She hung up before I could ask what she meant, leaving me staring at the phone with a growing sense of unease. In the five years I’d worked under Diana, I’d never heard her sound so… vulnerable. Something was definitely wrong.

A knock at my door interrupted my thoughts. “Come in,” I called, expecting Olivia or Raj with an update on a patient.

Instead, Luke Parker poked his head in, looking apologetic. “Sorry to interrupt. Olivia said I should check if you’re free to continue our conversation.”

I glanced at my watch, surprised to see that twenty minutes had passed while I was on the phone. “I need to get back to patients,” I said, standing. “But we can talk while I work.”

He nodded, following me out into the ER, which had somehow become even busier during my brief absence. “I’ve been thinking about your concerns,” he said as I grabbed a tablet to check the patient board. “What if we start with a trial period? One week of filming. If at the end of that week, you feel it’s negatively impacting patient care, we walk away, no questions asked.”

I paused, looking at him skeptically. “Just like that? You’d abandon the project?”

“I’d have to find another angle, another hospital. But yes.” His expression was earnest. “I don’t want to make a documentary that harms the people it’s meant to help.”

It was a reasonable offer—more than reasonable, actually. A way for me to test his claims about minimal disruption without committing to the full six weeks.

“One week,” I said finally. “Starting next Monday. That gives me time to prepare my staff and establish ground rules.”

Relief washed over his face. “Thank you. I promise you won’t regret it.”

“Don’t make promises you can’t keep, Mr. Parker.”

“Luke,” he corrected again, a small smile playing at the corners of his mouth.

“Luke,” I conceded, already turning toward the patient board. “Now if you’ll excuse me, I have actual lives to save.”

“Of course,” he said, stepping back. “I’ll coordinate with Foster about the logistics and be back next week with my team. Thank you for the opportunity, Dr. Rodriguez.”

“Maya,” I said without thinking, then immediately regretted it when his smile widened.

“Maya,” he repeated, as if testing how my name felt in his mouth. “I look forward to working with you.”

As he walked away, I found myself watching him longer than was strictly necessary, noting the confident set of his shoulders and the way several nurses tracked his movement with appreciative glances.

“He’s cute,” said a voice beside me, and I turned to find Raj grinning knowingly.

“He’s a complication we don’t need,” I corrected, forcing my attention back to the patient board.

“Mmhmm,” Raj hummed skeptically. “Bed four needs discharge papers, bed seven is complaining about the wait for CT, and there’s a kid in nine with a Lego up his nose.”

“Just another Tuesday,” I muttered, already moving toward bed nine, pushing thoughts of Luke Parker and his earnest blue eyes firmly out of my mind.

The rest of my shift passed in the usual blur of patients, procedures, and paperwork. By six o’clock, I’d removed the Lego (with minimal trauma to child or nose), diagnosed two cases of strep throat, ruled out a pulmonary embolism, and stitched up a construction worker who’d managed to put a nail through his hand “but barely felt it, doc, honestly.”

I changed back into scrubs for the subway ride to Diana’s apartment, too tired to care about maintaining my earlier attempt at professionalism. My hair had long since escaped its neat ponytail, and the mascara I’d carefully applied that morning had probably migrated to create attractive raccoon circles under my eyes.

Diana lived in a pre-war building on the Upper West Side, a place she’d bought decades ago before the neighborhood became fashionable. I’d been there many times for department gatherings and the occasional late-night strategy session during hospital budget negotiations.

But as I knocked on her door that evening, I had the strange feeling I was visiting somewhere new, somewhere I might not recognize.

The door opened to reveal Diana, and I barely managed to hide my shock. She’d lost weight—a lot of it—and her usually immaculate silver bob had grown out, showing dark roots I’d never seen before. She wore a loose sweater that hung from her frame, making her look smaller, frailer than the commanding presence I knew.

“Maya,” she said, her smile warm but tired. “Come in. I’ve made tea.”

I followed her into the familiar apartment, noting the subtle changes—a hospital bed in the corner of the living room, a side table covered with prescription bottles, a wheelchair folded against the wall.

“Diana,” I said, unable to keep the concern from my voice. “What’s going on?”

She sighed, gesturing for me to sit on the couch while she lowered herself carefully into an armchair. “I suppose there’s no point in easing into this. I have pancreatic cancer, Maya. Stage four. Diagnosed three months ago.”

The words hit me like a physical blow, knocking the air from my lungs. “Three months? But that’s when you—”

“When I took my sudden sabbatical, yes.” She poured tea from a pot on the coffee table, her hands steady despite the news she’d just delivered. “I didn’t want anyone to know until I’d decided on a treatment plan and… come to terms with things myself.”

“But why didn’t you tell me?” I asked, hating how hurt I sounded. “I could have helped, I could have—”

“Done what, exactly?” Diana’s voice was gentle but firm. “Worried? Tried to fix something that can’t be fixed? You have enough on your plate running the ER.”

I stared at her, this woman who’d been my mentor, my role model, sometimes even a surrogate mother when my own family couldn’t understand the demands of my career. “What’s the prognosis?”

Diana met my gaze directly, her dark eyes clear and unflinching. “Six months, maybe a year with aggressive treatment. Which I’ve started, by the way. Chemo, radiation, the works. I’m not giving up without a fight.”

Of course she wasn’t. Diana Patel had never given up on anything in her life.

“Is there anything experimental? Clinical trials? I can make some calls—”

She held up a hand to stop me. “I’ve explored all the options, Maya. I have the best oncologist in the city. What I need from you isn’t medical advice.”

“Then what?”

Diana leaned forward, her expression intense. “I need you to take over the ER permanently. Not just as interim chief, but as my successor.”

I blinked, caught off guard by the shift in conversation. “Diana, we don’t need to talk about this now. You’ll beat this, you’ll come back—”

“Maya.” Her voice cut through my denial like a scalpel. “We both know the statistics for pancreatic cancer. Even if I defy the odds, I won’t be coming back to the ER. My career is over. I’ve accepted that. Now I need to know that everything I’ve built will be in good hands.”

I swallowed hard, fighting the burn of tears. “Foster will never approve me as permanent chief. I’m too young, too outspoken. He’s probably already interviewing external candidates.”

“Foster doesn’t make that decision alone. The board respects my recommendation, and I’ve made it clear that you’re my choice.” She smiled slightly. “Though it would help if you could avoid antagonizing Foster completely for the next few months.”

“That’s a tall order,” I said, attempting a weak joke.

“Which brings me to the documentary,” Diana continued, sipping her tea. “I think it could be good for you, Maya. A chance to show the board—and yourself—that you can handle the political side of leadership, not just the medical side.”

I stared at her, realization dawning. “You knew about this project before Foster approached me, didn’t you?”

Diana had the grace to look slightly sheepish. “Luke Parker contacted me first, actually. We met for coffee about a month ago. He was looking for the right hospital, the right department for his project. I suggested Manhattan Memorial.”

“Why?” I asked, genuinely confused. “You know how understaffed we are, how much pressure we’re under already.”

“Because I believe in his vision,” Diana said simply. “And because I believe in you. This documentary could bring attention to the issues we’ve been fighting for years—understaffing, outdated equipment, the corporatization of healthcare. It could make a difference, Maya. A real difference.”

I sat back, trying to process everything. Diana was dying. She wanted me to take her place. And she’d orchestrated this documentary project as some kind of… what? Test? Opportunity? Legacy?

“I don’t know if I can do this,” I admitted, the words painful to speak aloud. “Any of it. The documentary, being chief… losing you.”

Diana reached across the coffee table to take my hand, her grip surprisingly strong. “You can. You will. Because that’s who you are, Maya. You rise to challenges. You fight for what matters. And right now, I need you to fight for my department. For our patients. For the future of emergency medicine at Manhattan Memorial.”

I looked into her eyes, seeing the determination there, the unwavering belief in me that had shaped my career from the beginning. How could I refuse her now, when she was asking for so little and giving up so much?

“Okay,” I said finally, squeezing her hand. “I’ll do it. I’ll make the documentary work, I’ll take on Foster, I’ll… I’ll try to be the chief you think I can be.”

Relief softened Diana’s features. “That’s all I ask. That you try.” She released my hand and sat back, suddenly looking exhausted. “Now, tell me about Luke Parker. Raj texted that he’s, and I quote, ‘hot enough to cause spontaneous combustion in the nurses’ station.’”

I rolled my eyes, grateful for the shift to lighter territory. “Raj needs to focus more on patient care and less on playing matchmaker.”

“So he is attractive,” Diana said, a hint of her old mischief returning.

“He’s… not what I expected,” I admitted, thinking of Luke’s earnest eyes and the way he’d pressed himself against the wall during the cardiac emergency, careful to stay out of the way. “Less Hollywood, more… I don’t know. Authentic, I guess.”

“Hmm,” Diana hummed, a knowing look in her eye that I chose to ignore.

“It doesn’t matter what he looks like,” I said firmly. “What matters is whether his presence helps or hurts our department.”

“Always the pragmatist,” Diana said with a small smile. “But Maya… it wouldn’t kill you to see people as more than just their function in your ER. Luke Parker included.”

I shifted uncomfortably, not liking the direction of this conversation. “I should go. You look tired, and I have an early shift tomorrow.”

Diana didn’t argue, which told me just how exhausted she truly was. “Come by again next week? I want regular updates on the documentary project.”

“Of course,” I promised, standing. “And Diana… thank you. For trusting me with this. With everything.”

She nodded, her eyes suddenly bright with unshed tears. “There’s no one else I would trust, Maya. Remember that when things get hard.”

I hugged her carefully before leaving, alarmed at how fragile she felt in my arms. As I closed her apartment door behind me, the reality of her diagnosis finally hit me full force. Diana was dying. My mentor, my friend, the woman who’d shaped my career and believed in me when no one else did—she was dying, and there was nothing I could do to stop it.

I made it to the street before the tears came, hot and unexpected, blurring my vision as I walked blindly toward the subway. People streamed past me on the busy sidewalk, none of them aware that my world had just shifted on its axis.

My phone buzzed in my pocket—a text from Eli:

*Heard you met the filmmaker. Raj says you didn’t eviscerate him, which he considers a miracle. Drinks tomorrow to celebrate this unprecedented restraint?*

I wiped my eyes, trying to compose a response that wouldn’t reveal the emotional turmoil I was experiencing. Before I could, another text came through:

*Also heard Foster approved the project. You okay with that?*

No, I wasn’t okay. I wasn’t okay with any of it—the documentary, Diana’s cancer, the weight of responsibility suddenly pressing down on me from all sides. But I’d made a promise, and I intended to keep it.

*Fine with it,* I texted back. *Drinks tomorrow sounds good. I have news.*

I put my phone away and continued toward the subway, my mind racing with everything that had happened. Luke Parker and his documentary now represented something far more significant than I’d realized this morning—they were part of Diana’s plan for the future of the ER, a future she wouldn’t be part of.

For her sake, I had to make this work. I had to find a way to balance patient care with the presence of cameras, to navigate the political minefield of hospital administration, to become the leader Diana believed I could be.

And I had to do it all while watching my mentor fade away, powerless to save the woman who’d saved me in so many ways.

As I descended into the subway station, surrounded by strangers rushing home to their own complicated lives, I made a silent promise to Diana, to myself, and even to Luke Parker: I would make this documentary matter. I would use it to fight for everything Diana had built, everything she believed in.

It was the least I could do for the woman who’d given me so much. And maybe, just maybe, it would help me find my own way forward in a world that suddenly seemed much darker without Diana’s guiding light.